

MY SUPPORT TO YOUR INSTITUTE

NAME: _____

ADDRESS: _____

COMPANY'S NAME (optional): _____

DESIGNATION (optional): _____

CONTACTS: _____ (Office) _____ (mobile)

EMAIL ID: _____

Payment details (DD/Cheque favouring NIRMALA EDUCATION SOCIETY)

1. AMOUNT : Rs. _____

2. CASH/DD/CHEQUE NO.: _____

3. DATE : _____ DRAWN ON: _____

I would like to contribute towards _____

The name on the plaque should read **(please mention in capitals)**

Signature of Sponsor: _____

FOR OFFICE USE ONLY:

Sponsorship collected by (Name): _____

Date: _____